PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003) e r		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER TH						
	TOTAL CLAIR	MS	2	24				RAT		FEE	OF	RATE		
$\ \Gamma \ $	FOR			NUMBER FILED		NUMBER EXTRA		BASIC	_	385.00	OF		-	FEE
E	TOTAL CHARG	24	24 minus 20=		• 4		XS 9	7		707	\	+		
1	NDEPENDENT	3			· &-		-	-			}	+	72	
N.	AULTIPLE DEP	PRESENT	RESENT				X43:				X86=	╀	_	
	* If the difference in column 1 is less than zero, enter *0* in column 2										OR	+290=	L	
	CLAIMS AS AMENDED - PART II								r [OR	TOTAL	8	yν
_		(Column 1)		(Соішт	ın 2)	(Column 3)	_	SMAL	LEI	NTITY	OR	OTHE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	/ TI	DDI- ONAL FEE
	Total	.24	Minus	-2	F	. 0	-	XS 9-	1		OR	X\$18=	17	-65_
	Independent	S	Minus	<u> </u>	5			X43=	4		eя	X86=	Ħ	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	+145=	†			+290=	Ħ	
		L	TOTAL			OR OR	TOTAL COST. FEE	H						
		(Column 1)		(Column	2)	(Column 3)		DOTT. FEI	E L			VOOIT. FÉE	4	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY.	PRESENT - EXTRA	ſ	RATE	TI	DDI- ONAL FEE		RATE	TIC	DDI- DNAL
	Total	•	Minus	••	•		Γ	X\$ 9=	T		OR	X\$18=		EE_
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		.— ADI	TOTAL OIT. FEE			OR A	TOTAL DOIT. FEE							
7		(Column 1)		(Column		Column 3)	· ·	• •		• .			•	
AMENDACKI C	•	REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	LÝ	PRESENT EXTRA	F	ATE	TIO	DDI- NAL EE	ſ	RATE	AC TIO	NAL
ŽĮ.	Total	•	Minus	•			X	3 9=	.,,		R	X\$18=		E
	Independent		Minus	***	1		L _x	43=		_	Γ	X86=		\dashv
OR ON ON ON THE DEPENDENT CLAIM													<u> </u>	
• # 1 • = = =	If the entry in column 1 is less than the entry in column 2, write "O' in column 3.													
	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													\Box
	- ग्रामुसक्त स्थाता	er Previously Paid	For: (Total or	Independent) i	s the hi	ghest number to	und ir	the app	ropri	ste box in	COLUM	n 1. .		

FORM PTO-875 (Rev. 1002)